



# Illinois Department of Transportation

## Statement of Experience and Financial Condition (SEFC)

**FIRM NAME:** \_\_\_\_\_

**FIRM'S FISCAL YEAR ENDING DATE** \_\_\_\_\_ , \_\_\_\_\_

SUBMIT COMPLETED SEFC IN **DUPLICATE** TO THE ILLINOIS DEPARTMENT OF TRANSPORTATION, BUREAU OF DESIGN AND ENVIRONMENT, ATTN: CHIEF OF PRELIMINARY ENGINEERING, CONSULTANT SERVICES UNIT, 2300 SOUTH DIRKSEN PARKWAY, ROOM 330, SPRINGFIELD, ILLINOIS 62764.

Note: Corporate and Financial Portion Consists of pages 1& 2 and 10-20

**Rev. June, 2004**

## STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION

The information requested in this booklet must be furnished to the Department of Transportation in order to become prequalified for professional work for the Department.

Information furnished will be held in the strictest confidence and used only on a "need to know" basis by the Department and the Federal Highway Administration for fiscal and technical evaluation. This information may be audited or verified as deemed necessary by the Department.

	(Name of Firm)			
	(Address)	(Telephone)	(Fax Number)	(Contact Person)
Main Office*	_____	_____	_____	_____
	_____			
	_____			

\*If prequalification correspondence should be addressed elsewhere, give name and address here:

_____	_____	_____	_____
_____			
_____			

For Statement of Experience and Financial Condition  
(SEFC) correspondence give name & e-mail address here: \_\_\_\_\_

For Professional Transportation Bulletin (PTB)  
correspondence give name & e-mail address here: \_\_\_\_\_

List branch offices on a supplemental attachment.

How many years of experience has the Firm had in transportation work? \_\_\_\_\_

**Attach** a copy of the current **affirmative action program** the Firm follows to insure that all prequalified applicants for employment and all employees are considered without regard to race, color, sex or national origin. **All firms**, regardless of size, must submit a statement of policy **every** year.

## EXPERIENCE DATA

**Principal Officials or Members of Firm** (Designate with \* those with transportation background or responsibility for supervision of the Firm's transportation services).

Name	Title	First Year With Firm

**Principal Supervisory Personnel other than Officials or Members** (Include Associates and Department Heads such as Chief Engineer, Principal Highway Engineer, Principal Structural Engineer, Soils Engineer, Traffic Engineer, Electrical Engineer, Architect, Chief Environmentalist, Chief of Surveys, and Chief Photogrammetric Engineer. List only members concerned with supervision of transportation projects).

Name	Title	First Year With Firm

## EXPERIENCE DATA

(continued)

**Firm Personnel** - List by category the number of **full time** personnel within the firm available for services on IDOT transportation projects. A full time employee is defined as one who works for a firm 35 or more hours/week, 52 weeks/year. Part time staff members, special consultants, subconsultants, committed or pledging individuals, or persons on retainers should not be listed below. The staffing reported should be for the office(s) that will be performing work for IDOT. Do not include officials and members of the firm and employees or staff without special training in services specifically applicable to transportation projects. All officials, or staff in the latter category should be shown by number only, under the heading "Other Firm Personnel". List personnel with multiple titles only once.

TRANSPORTATION STAFF	STAFF FOR PROPOSED IDOT PROJECTS		
	ILLINOIS	OTHER	TOTAL
Technicals:			
(a) Registered Professional Engineer (PE,SE,LS)*			
(b) Non-Registered Engineers			
(c) Engineering Technicians, Draftsman, Inspectors, etc.			
(d) Architects and Landscape Architects*			
(e) Other disciplines (Planners, Geologists, Environmentalist, Etc.)*			
(f) Other (Specify - )*			
Total Transportation Technical Staff			
Other Firm Personnel			
Total Firm Personnel			

**\*For Registered Professional Transportation Staff** as reported above, attach a table showing names and registration(s).

Example:

NAME	ILLINOIS REGISTRATION	OTHER REGISTRATIONS
John Doe	PE: 62-99999 PLS: 35-99999	PE – IN, WI, IA
Jack Doe	PG: 196-99999	PG – IA, CA
Jane Doe	PE: 62-99999 SE: 81-99999	PE – KY, VA SE – MI, WI

## EXPERIENCE DATA (continued)

**Personnel** - List number of **full time** employees (by classification) you have on your present payroll.

	Minority Groups												Direct Salary Range (hourly range)
Classification	Black		Spanish American		American Indian		Asian American		Non- Minority		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	

Final total must agree with **Total Firm Personnel** on page 4.

## EXPERIENCE DATA (continued)

**Personal History of Officials or Members of Firm:** Designated with \* on page 3 and Principal Supervisory Personnel Listed on page 3 should be attached in the following format:

Name \_\_\_\_\_

Transportation Related Experience (Years)		
Total with Firm	Present Position with Firm	Other

**Education** (College, degree, year, specialization):

\_\_\_\_\_  
\_\_\_\_\_

**Registration Or Social Security Number If Not Registered** (category, state, registration #, year registered):

Category: \_\_\_\_\_ (PE, SE, or PLS) State \_\_\_\_\_

Registration # \_\_\_\_\_ or Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Year Registered \_\_\_\_\_

**Record of Experience on Transportation related projects:** (If work for others at Project Engineer or higher level is to be considered for prequalification, provide the following):

Position	Firm	Types of Work	Years (from - to)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you affiliated with or employed by another professional consulting firm full or part time: (yes or no). If yes, give details of involvement. (Reproduce and Number subsequent pages 6a, 6b, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EXPERIENCE DATA (continued)

**Summary of Firm's Transportation Specialization.** Check (✓) below the areas in which your firm desires to be prequalified, and describe as requested on page 8, by transportation specialization category, your Company's work experience in those areas. At least one Principal Supervisory Personnel listed on page 3 must have been in responsible charge of each listed project.

Plans, Specifications and Estimates			
Highways	Freeways		
	Roads & Streets		
Aeronautics	Airports		
Structures ♦	Highway: Simple		
	Highway: Typical		
	Highway: Advanced Typical		
	Highway: Complex		
	Railroad		
	Movable		
	Major River Bridges	Plate Girder	
		Tied Arch	
		Segment Box Girders	
		Cont./Cant. Truss	
		Orthotropic Girders	
		Cable Stayed Girders	
Special Plans	Traffic Signals		
	Lighting		
	Pumping Stations		
Studies, Reports and Special Services			
Special Studies	Location Drainage ♦		
	Traffic		
	Signal Coordination & Timing (SCAT) ♦		
	Safety		
	Feasibility		

Studies, Reports and Special Services - Cont.			
Hydraulic Reports ♦	Waterways	Typical	
		Complex	
	Pump Stations		
Location/Design Studies	Rehabilitation		
	Reconst./Major Rehab.		
	New Const./Maj. Reconst.		
Environmental Reports ♦	Simple Environmental Assessment		
	Complex Environmental Assessment		
	Environmental Impact Statements		
Special Transportation Studies	Mass Transit		
	Railway Engineering ♦		
Special Services	Route Surveys		
	Land Surveys		
	Aerial Mapping ♦		
	Geotechnical Engineering ♦	Typical	
		Complex	
	Electrical Engineering		
	Mechanical Engineering		
	Sanitary Engineering		
	Architecture		
	Landscape Architecture		
	Hazardous Waste ♦		
	Asbestos Abatement Surveys ♦		
	Construction Inspection ♦		
	Quality Assurance ♦		
	Bituminous Mix Designs ♦		
	Subsurface Utility Engineering ♦		

♦ Indicates that a questionnaire must be completed. For categories that require a questionnaire, page 8 (Experience Data) need not be completed. All relative information must be included in the questionnaire; no references should be made to other parts of the SEFC except for resumes.

## EXPERIENCE DATA (continued)

Describe **no more than 10** representative examples in each category requested of Transportation Related Projects Completed During Last **Five** Years Only.

Category/ Project Number*	Name of Project	Location	Client	Const. Cost (Estimate)	Project Manager	Year Completed
Freeways/ 105-13						

**\*If IDOT Project, use PTB # and Item # i.e., 105-13.**

On a **supplemental attachment**, describe the professional services for the projects listed above done in-house.  
(Reproduce and number subsequent pages 8a, 8b, etc. for each additional requested category).

*Example:* Project 105-13 Eight mile section of four-lane Interstate Highway in rural area, including six simple grade separation structures and two diamond-type interchanges. Engineering services included Location/Design Report and Environmental Impact Statement, final design and preparation of contract plans. Surveys and borings by subcontract.



## EXPERIENCE DATA (continued)

**Approximate volume of Transportation related work** performed during each of the past **five** years (shown in terms of fees received during the year).

Year	Location/Design Reports	Environmental Reports	Plans, Specifications and Estimates	Construction Inspection	Other*
<b>5 Year Total</b>					

\*Indicate nature of other work by footnotes here:

# **CORPORATE AND FINANCIAL INFORMATION**

**CORPORATE INFORMATION**  
**(If a Corporation, Answer these Questions)**

1. When incorporated? \_\_\_\_\_ Which State? \_\_\_\_\_
2. Your firm **must be** certified by the Secretary of State to do business in Illinois. **Attach a photocopy** of the certificate for initial applicants or the Certificate of Status for others.
3. Your firm **must be** licensed by the Illinois Department of Professional Regulation. Check (✓) the appropriate box(es), complete the license number and **attach a photocopy** of the license.

Corporation ☐ Partnership ☐ Limited Liability Corporation ☐ Limited Liability Partnership ☐

Professional/Design Firm

ARCH ☐ PE ☐ SE ☐ LS ☐

#184- \_\_\_\_\_

Professional Service Corp.

ARCH ☐ PE ☐ SE ☐ LS ☐

#060- \_\_\_\_\_

Sole Proprietorship

ARCH ☐ PE ☐ SE ☐ LS ☐

Individual Registration # \_\_\_\_\_

With Assumed Name

#184- \_\_\_\_\_

4. Give name and address of Illinois registered managing agent(s) in charge of professional engineering activities.

\_\_\_\_\_  
\_\_\_\_\_

## CORPORATE INFORMATION (continued)

5. List all officers and directors and all entities or individuals owning beneficial interest of 5% or more in the enterprise.

Name	Title	Check if Director	Minority	% Owned	Prof. Eng. Registration

6. Is the corporation a Certified DBE with IDOT or with the Illinois Unified Certification Program? \_\_\_\_\_ (yes or no)  
If yes, attach a photocopy of the certificate and/or letter stating the firm's status after this page.
7. Is the corporation, or any officer or director engaged in any other line of business? \_\_\_\_\_ (Yes or No) If so, list such person(s), the Firm and nature of business and the extent of such person's interest therein.  
\_\_\_\_\_
8. Has the corporation ever been in bankruptcy or receivership? \_\_\_\_\_ (Yes or No). If so, state when and explain fully.  
\_\_\_\_\_
9. Is the corporation in any way an outgrowth, result, continuation or reorganization of a former business? \_\_\_\_\_  
(Yes or No) If so, give name and address of each predecessor business, and the date of the change in entity.  
\_\_\_\_\_

**CORPORATE INFORMATION**  
**(continued)**

10. Name, address and percent of ownership held by parent company, if any.

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Does parent company own or control other professional firm(s)? \_\_\_\_\_ (Yes or No). If yes, attach details.

Name and address of subsidiaries, if any.

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11. Attach the same information for parent company and your subsidiaries as requested in the previous Item 5. Significant changes in ownership of the Firm, parent company or your subsidiaries must be reported in writing to the Department within fifteen days of when they occur.

12. Does the corporation carry Workmen's Compensation and Public Liability Insurance? \_\_\_\_\_ (Yes or No). If so, give names of companies and amounts.
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13. List States in which the corporation is authorized to work.
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**(If Unincorporated, Answer these Questions)**

1. Indicate type of organization - Individual \_\_\_\_\_ , Other \_\_\_\_\_. If "Other" explain fully.

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Your firm must be licensed by the Illinois Department of Professional Regulation. Check (√) the appropriate box(es), complete the license number and **attach a photocopy** of the license.

Corporation ☐

Partnership ☐

Limited Liability Corporation ☐

Professional/Design Firm

Sole Proprietorship

ARCH ☐ PE ☐ SE ☐ LS ☐

ARCH ☐ PE ☐ SE ☐ LS ☐

#184- \_\_\_\_\_

Individual Registration # \_\_\_\_\_

Professional Service Corp.

With Assumed Name

ARCH ☐ PE ☐ SE ☐ LS ☐

#184- \_\_\_\_\_

#060- \_\_\_\_\_

2. Attach a listing showing name, address and capacity in Firm of **all** persons or entities owning a profit-sharing interest in the Firm including parent companies and silent, secret, or dormant partners and sub-partners. **Significant changes** in ownership of the Firm, parent company or subsidiaries **must be reported** to the Department immediately if and when they occur.

3. If a Partnership, is it general or limited? \_\_\_\_\_ If limited, explain fully.

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4. Do any owners of the Firm have substantial interest (7 1/2% or more ownership) in any other business?  
\_\_\_\_\_ (Yes or No).

If yes, attach a list showing the owner, name, address and nature of the other business and extent of ownership.

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**(If Unincorporated, Answer these Questions)**  
**(continued)**

5. Is the corporation a Certified DBE with IDOT or with the Illinois Unified Certification Program? \_\_\_\_\_ (yes or no)  
If yes, attach a photocopy of the certificate and/or letter stating the firm's status after this page.
6. Has the Firm or any owners thereof ever filed bankruptcy? \_\_\_\_\_ (Yes or No). If yes, state when and explain fully.
- 
7. Do you carry Workmen's Compensation and Public Liability Insurance? \_\_\_\_\_ (Yes or No). If yes, give names of companies and amounts.
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8. List States in which the Firm is authorized to work.
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9. Is the Firm in any way an outgrowth, result, continuation or reorganization of a former business? \_\_\_\_\_ Yes or No). If so, give name and address of each predecessor business, and the date of the change in entity.
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## FINANCIAL INFORMATION

The following procedures have been established to insure a fair and uniform evaluation of each consultant's accounting system and self-computation of burden and overhead rates for the latest fiscal year. Only consultants who comply with these procedures and submit accurate information will be considered by the Department for State work. All information received will be held in strictest confidence and will be audited or verified as deemed necessary by the Department. These requirements can be met in four ways as follows:

1. Requirements can be met by furnishing a copy of a cognizant **State or Federal agency** audit report showing the overhead rates for the consultant's latest complete fiscal year. An audit by an independent accounting firm does not meet this requirement. If the **Bureau of Accounting and Administrative Services** has determined the overhead rates by audit of the Firm's latest fiscal year, the requirements will be considered as having been met. In these cases, it will not be necessary for the consultant to complete pages 17 and 18 of the Questionnaire.
2. If audits named in the preceding paragraph are not available, **ALL** of the following data is required and must reflect the most recent fiscal year. This information must be updated on an annual basis not later than six months after the close of each fiscal year to remain on the prequalified list for professional work.
  - a) **A copy of the Firm's latest fiscal year Federal Income Tax Return** (excluding gross income tax liability and distribution of income portions) complete with all expense schedules (Forms 1040, 1065, 1120 or 1120S).
  - b) Information, which illustrates the accounting system employed is in compliance with State and Federal requirements for adequate segregation and accumulation of reasonable, allocable and allowable costs for a proposed contract. This should be shown by furnishing a Chart of Accounts and/or Before Closing Trial Balance.
  - c) A self-computation of payroll burden and fringe expense and general and administrative expense percentage rates. The rates are to be computed in compliance with Section 2.86 of the Department's "Standard Agreement Provisions for Consultant Services", (available at [www.dot.state.il.us](http://www.dot.state.il.us) under Doing Business, Consultant Services). The rates must be computed based upon reliable figures for the Firm's latest fiscal year and are not to be estimated for the following year. Pages 17 and 18 are intended to be used as a guide for rate computation and any revised format to better reflect your accounting system should be attached on a separate schedule.
3. A newly organized Firm, having at least six months fiscal data, can be considered for projects provided satisfactory data can be submitted for the fiscal period and a written justification accompanying the data explaining why the Firm should be exempted.
4. A Firm desiring to be considered only for occasional small projects that the Department may elect to negotiate on a per diem or prevailing unit price basis, may substitute their current prevailing rate schedule.



## SELF-COMPUTATION OF EXPENSES

(For Self-computation of Expenses as Detailed in 2(c), Complete the Following):

Expenses are shown on a cash \_\_\_\_ or accrual \_\_\_\_ basis of accounting.  
These figures are for fiscal year ending \_\_\_\_\_.

All expense accounts should be described in column (1) and the balance of the accounts listed in column (2). These balances should be completely allocated to columns (3) through (6) according to Section 2.86.

ITEMS ELIGIBLE FOR REIMBURSEMENT AS CONSULTANT'S COSTS.

(1)	(2)	(3)	(4)	(5)	(6)
Tax Return or Audited Statement Account Description	Balance	Direct Cost	Unallowable Per Sec. 2.86	Payroll Burden	Indirect Overhead

Reproduce if additional space is needed.

Note: If the expenses above are reported on a different basis than the supporting information, attach a reconciliation.

## OVERHEAD RATE MUST BE STATED ON THIS PAGE DIRECT LABOR CALCULATION

The base figure for the computation of the rate is computed as follows:

Total Direct Productive Payroll (Section 2.86) (including overtime)	\$	
<b>Deduct</b> from above the <b>premium</b> portion of overtime paid	- \$	
<b>Total Direct Labor</b>	\$	

### COMPUTATION OF RATES

#### PAYROLL BURDEN AND FRINGE EXPENSE PERCENTAGE RATE

(Column 5 on page 17)

Payroll Burden

\_\_\_\_\_ x 100 = \_\_\_\_\_ %

Direct Labor

(Calculated above)

#### GENERAL AND ADMINISTRATIVE EXPENSE PERCENTAGE RATE

(Column 6 on page 17)

Indirect Overhead

\_\_\_\_\_ x 100 = \_\_\_\_\_ %

Direct Labor

(Calculated above)

**Total Overhead Rate = Payroll Burden and Fringe Expense Rate + General and Administrative Expense Rate**

**Total Overhead Rate = \_\_\_\_\_%**

If your firm agrees to perform work for IDOT at a lesser Total Overhead Rate than computed above, please indicate that rate \_\_\_\_\_% applicable to agreements executed during the time period from

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

## COST ACCOUNTING STANDARDS INFORMATION

1. Has your firm been awarded \$50 million or more in Federal contracts or at least one contract exceeding \$50 million in the accounting period?

☐ Yes    ☐ No    ☐ No, we have never been awarded a Federal Contract.

If **YES**, please indicate the status of your Cost Accounting Standards Board Disclosure Statement.

- ☐ We qualify and will need to submit a Disclosure Statement as provided in Chapter 9903.202-9 of the Federal Acquisition Regulations.
- ☐ We qualify and are submitting our Disclosure Statement herewith.
- ☐ We are working on our Disclosure Statement and will be submitting it by \_\_\_\_\_.

If **NO**, are you following the modified CAS standard 9904.401, 9904.402, 9904.405 and 9904.406 as required?

- ☐ No
- ☐ Yes, We are following the modified CAS standard 9904.401, 9904.402, 9904.405 and 9904.406 as required.

Under penalties of perjury, I certify that the business is being conducted as a(n) (please check one only)

<p>_____ Individual</p> <p>Social Security Number:</p> <p>_____ - _____ - _____</p>	<p>_____ Sole Proprietorship</p> <p>Social Security Number:</p> <p>_____ - _____ - _____</p>	<p>_____ Partnership</p> <p>Federal Taxpayer Identification Number: _____</p>
<p>_____ Corporation</p> <p>Federal Taxpayer Identification Number: _____</p>	<p>_____ Limited Liability Corporation</p> <p>Federal Taxpayer Identification Number: _____</p>	<p>_____ Other</p> <p>Federal Taxpayer Identification Number: _____</p>

**I certify that my electronically scanned-in signature appearing in future electronic Statements of Interest and associated documents submitted by our firm is authorized to be affixed by the person doing so and will be binding on the firm.**

I declare that I have examined this Report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
(Firm)                      (Signature)                      (Title)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ I, \_\_\_\_\_

a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that

known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that (he/she) signed, sealed and delivered the said instrument as a free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and Notary Seal this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

# **SPECIALTY QUESTIONNAIRES**

# QUESTIONNAIRE FOR STRUCTURAL ENGINEERING CONSULTANTS

## STAFF EXPERIENCE

Please provide information for employees of your firm who would most likely work on IDOT bridge project.

1. **Principal(s) in Charge.** The individual(s) who does the final review of structural reports or bridge plans prior to submission to the Department. For each provide the following:
  - a) Name of individual.
  - b) Educational background.
  - c) Illinois registration numbers and year first registered
  - d) Experience in bridge engineering.
  - e) Indicate if this individual will seal bridge plans.
2. **Project Engineer(s).** The individual(s) who manage the efforts of the staff for proper culmination of the project. These individuals must be full-time employees of the firm. For each provide the following:
  - a) Name of individual.
  - b) Educational background.
  - c) Illinois registration numbers and year first registered.
  - d) Experience in bridge engineering.
  - e) Indicate if this individual will seal bridge plans.
3. **Staff Engineer(s).** The individual(s) who perform structural analyses and prepare bridge condition reports, type, size and location plans and final contract plans. These individuals must be full-time employees of the firm. For each, provide the following:
  - a) Name of individual.
  - b) Educational background.
  - c) Illinois registration numbers and year first registered.
  - d) Experience in bridge engineering.

## **QUESTIONNAIRE FOR STRUCTURAL ENGINEERING CONSULTANTS (continued)**

4. **Foundation Engineer(s).** List the individual(s) who perform geotechnical analyses and prepare foundation recommendations. These individuals should be full-time employees of the firm. (If this work is performed by a subconsultant, indicate the subconsultant's name and list the individuals in that firm who will perform the work.) For each provide the following:
- a) Name of individual.
  - b) Educational background.
  - c) Illinois registration number and year first registered.
  - d) Experience in geotechnical and foundation engineering.

### **FIRM EXPERIENCE**

#### **Highway Bridges**

If you are requesting prequalification in the Highway Bridge categories, list between 5 and 10 bridge projects in the highest category that you are requesting. List IDOT projects if possible. For each provide the following:

- a) If IDOT Project, give PTB # and Item #.
- b) Name of bridge (common name, structure number, county, route, etc.)
- c) Client and contact person and phone number.
- d) Description of project. (See Description and Minimum Requirements for Prequalification) Include year designed and constructed and construction cost.
- e) Description of scope of work that your firm provided. Indicate the involvement of any subconsultants.
- f) Name of the project engineer. Indicate if individual is still a full-time employee of the firm.
- g) Name of the current staff engineers who contributed significantly to the project. Indicate their responsibilities.

## **QUESTIONNAIRE FOR STRUCTURAL ENGINEERING CONSULTANTS (continued)**

### **Other Categories**

If you are requesting prequalification in the Railroad Bridge, Movable Bridge or Major River Bridge Categories, list between 2 and 8 bridge projects for each category. List IDOT projects if possible. For each provide the following:

- a) If IDOT Project, give PTB # and Item #.
- b) Name of bridge (common name, structure number, county, route, etc.).
- c) Client and contact person and phone number
- d) Description of project. Include year designed and constructed and construction cost.
- e) Description of scope of work that your firm provided. Indicate the involvement of any subconsultants.
- f) Name of the project engineer. Indicate if individual is still a full-time employee of the firm.
- g) Name of the staff engineers who contributed significantly to the project. Indicate their responsibilities.

Employee Experience while an employee of another firm. If you are requesting prequalification in any category based on the prior experience of a full-time employee while an employee of another firm, list between 2 and 5 bridge projects on which the employee worked. For each provide the following:

- a) If IDOT Project, give PTB # and Item #.
- b) Name of bridge (common name, structure number, county, route, etc.).
- c) Client and contact person.
- d) Past employer and contact person.
- e) Description of scope of work that your firm provided.
- f) The employee's participation in the project.

### **Computer and CADD equipment**

List the computer and CADD equipment that your firm uses to prepare bridge plans. Indicate any specialized computer software packages that your firm will use on IDOT projects.



# QUESTIONNAIRE FOR PREPARING LOCATION DRAINAGE STUDIES

## FIRM EXPERIENCE

### Location Drainage Studies

- a) Names of highway improvements and project limits
- b) Clients and contact persons.
- c) Description of projects. Include year designed and constructed and construction cost.
- d) Description of the scope of work your firm provided. Indicate the involvement of any subconsultants.
- e) Name of the project engineer. Indicate if individual is still a full-time employee of the firm.
- f) Names of the staff engineers who contributed significantly to the preparation of location design studies. Indicate staff responsibilities, and if still employed full-time at the firm.

## STAFF EXPERIENCE

1. **Principal in Charge.** The individual who supervises or performs the final review of location drainage studies prior to submission to the Department should provide the following:
  - a) Name of individual.
  - b) Educational background
  - c) Illinois P.E. license number and year first licensed.
  - d) Experience in drainage engineering. Include description of project and scope of drainage work in chronological order for up to ten (10) projects completed in the last five years.
  - e) Experience in hydraulic and hydrologic computer modeling. Include scope of modeling work.
  - f) Tenure with firm.
  - g) Training in drainage engineering and hydraulic and hydrologic computer modeling. Include course work, seminars.
  - h) Familiarity with permitting (IDNR-OWR, Municipal, County).
  - i) Responsibilities of Principal in Charge as they relate to preparation of Location Drainage Studies.

## **QUESTIONNAIRE FOR PREPARING LOCATION DRAINAGE STUDIES (continued)**

2. **Staff Engineer(s).** The individual(s) who perform hydraulic/hydrologic analyses and prepares location drainage studies, are required to provide the following:
- a) Name of individual.
  - b) Educational background.
  - c) Illinois P.E. license number and year first licensed.
  - d) Experience in drainage engineering. Include description of project and scope of drainage work in chronological order.
  - e) Experience in hydraulic and hydrologic computer modeling. Include scope of modeling work.
  - f) Tenure with firm.
  - g) Training in drainage engineering and hydraulic and hydrologic computer modeling. Include course work, seminars.
  - h) Responsibilities of staff engineers as they relate to the preparation of location drainage studies.

### **Computer and CADD Equipment**

List the computer software and CADD equipment your firm uses to prepare location drainage studies. Indicate any specialized computer software packages your firm has used on IDOT projects.

### **Quality Assurance/Quality Control**

Describe QA/QC procedures to be employed in the preparation of location drainage studies. List whose responsibility it is to oversee QA/QC and to sign off on the study before it is submitted.

## QUESTIONNAIRE FOR SIGNAL COORDINATION AND TIMING (SCAT)

1. **Firm Experience.** For each SCAT project performed, provide:
  - a) date;
  - b) state and city location;
  - c) your firm's project manager;
  - d) contracting agency (e.g., state DOT, municipality, etc.);
  - e) name and phone number for contact at the contracting agency;
  - f) name(s) of signalized intersections where timings were implemented; and
  - g) detailed descriptions of the duties, tasks, and implementations performed.
2. **Staff Experience.** For each of your Illinois Licensed P.E.'s that review, manage or perform work on SCAT projects provide the following:
  - a) Detail the experience he/she has in SCAT computer software programs.
  - b) Detail the experience he/she has in traffic signal controller operation.
  - c) List all types and models of controllers in which he/she has actually implemented timings.
  - d) List the types of closed loop software in which he/she has experience, and explain that experience.
3. **Equipment.** List all computer equipment and SCAT software your firm presently uses to prepare SCAT Implementation Reports. List any specialized computer software packages that your firm will use on IDOT projects.
4. Submit one sample SCAT Implementation Report prepared for the client by one of your firm's Illinois Licensed P.E.s on a past project.

# QUESTIONNAIRE FOR PREPARING HYDRAULIC REPORTS FOR WATERWAY CROSSINGS TYPICAL &/OR COMPLEX

## FIRM EXPERIENCE

### Hydraulic Reports for Bridges

- a) Names of bridges and waterways (common name, structure number, county, route, etc.)
- b) Clients and contact persons.
- c) Description of projects. Include year designed and constructed and construction cost.
- d) Description of the scope of work your firm provided. Indicate the involvement of any subconsultants.
- e) Name of the project engineer. Indicate if individual is still a full-time employee of the firm.
- f) Names of the staff engineers who contributed significantly to the preparation of hydraulic reports. Indicate staff responsibilities, and if still employed full-time at the firm.

### Route Survey or Stream Survey

- a) Name of structures and waterways (common name, structure number, county, route, etc.)
- b) Client and contact person.
- c) Names of highway (county, route, etc.).
- d) Names of the survey party chief. Indicate if individual is still a full-time employee of the firm.

## STAFF EXPERIENCE

1. **Principal in Charge.** The individual who supervises or performs the final review of hydraulic reports prior to submission to the Department should provide the following:
  - a) Name of individual.
  - b) Educational background
  - c) Illinois P.E. license number and year first licensed.
  - d) Experience in drainage engineering. Include description of project and scope of drainage work in chronological order for up to ten (10) projects completed in the last five years.
  - e) Experience in hydraulic and hydrologic computer modeling. Include scope of modeling work.
  - f) Tenure with firm.
  - g) Training in drainage engineering and hydraulic and hydrologic computer modeling. Include course work, seminars.
  - h) Familiarity with permitting (IDNR-OWR, Municipal, County).
  - i) Responsibilities of Principal in Charge as they relate to preparation of Hydraulic Reports.

## **QUESTIONNAIRE FOR PREPARING HYDRAULIC REPORTS FOR WATERWAY CROSSINGS TYPICAL &/OR COMPLEX (continued)**

2. **Staff Engineer(s).** The individual(s) who perform hydraulic/hydrologic analyses and prepares hydraulic reports, are required to provide the following:
- a) Name of individual.
  - b) Educational background.
  - c) Illinois P.E. license number and year first licensed.
  - d) Experience in drainage engineering. Include description of project and scope of drainage work in chronological order.
  - e) Experience in hydraulic and hydrologic computer modeling. Include scope of modeling work.
  - f) Tenure with firm.
  - g) Training in drainage engineering and hydraulic and hydrologic computer modeling. Include course work, seminars.
  - h) Responsibilities of staff engineers as they relate to the preparation of Hydraulic Reports.

### **QUALITY ASSURANCE/QUALITY CONTROL**

Describe QA/QC procedures to be employed in the preparation of Hydraulic Reports. List whose responsibility it is to oversee QA/QC and to sign off on the report before it is submitted.

### **COMPUTER AND CADD EQUIPMENT**

List the computer software and CADD equipment your firm uses to prepare hydraulic reports. Indicate any specialized computer software packages your firm has used on IDOT projects.

# QUESTIONNAIRE FOR PREPARING HYDRAULIC REPORTS FOR PUMP STATIONS

## FIRM EXPERIENCE

### Hydraulic Reports for Pump Stations

- a) Names of pump stations (pump station number, county, route, etc.).
- b) Clients and contact persons.
- c) Description of projects. Include year designed and constructed and construction cost.
- d) Description of the scope of work your firm provided. Indicate the involvement of any subconsultants.
- e) Name of the project engineer. Indicate if individual is still a full-time employee of the firm.
- f) Names of the staff engineers who contributed significantly to the preparation of hydraulic reports. Indicate staff responsibilities, and if staff is still employed full-time at the firm.

### Route Survey or Stream Survey

- a) Name of pump stations (pump station number, county, route, etc.).
- b) Client and contact person.
- c) Names of highway (county, route, etc.).
- d) Names of the survey party chief. Indicate if individual is still a full-time employee of the firm.

## STAFF EXPERIENCE

1. **Principal in Charge.** The individual who supervises or performs the final review of hydraulic reports prior to submission to the Department should provide the following:
  - a) Name of individual.
  - b) Educational background
  - c) Illinois P.E. license number and year first licensed.
  - d) Experience in drainage engineering. Include description of project and scope of drainage work in chronological order for up to ten (10) projects completed in the last five years.
  - e) Experience in hydraulic and hydrologic computer modeling. Include scope of modeling work.
  - f) Tenure with firm.
  - g) Training in drainage engineering and hydraulic and hydrologic computer modeling. Include course work, seminars.
  - h) Familiarity with permitting (IDNR-OWR, Municipal, County).
  - i) Responsibilities of Principal in Charge as they relate to preparation of Hydraulic Reports.

## **QUESTIONNAIRE FOR PREPARING HYDRAULIC REPORTS FOR PUMP STATIONS (continued)**

2. **Staff Engineer(s).** The individual(s) who perform hydraulic/hydrologic analyses and prepares hydraulic reports, are required to provide the following:
- a) Name of individual.
  - b) Educational background.
  - c) Illinois P.E. license number and year first licensed.
  - d) Experience in drainage engineering. Include description of project and scope of drainage work in chronological order for up to ten (10) projects completed in the last five years.
  - e) Experience in hydraulic and hydrologic computer modeling. Include scope of modeling work.
  - f) Tenure with firm.
  - g) Training in drainage engineering and hydraulic and hydrologic computer modeling. Include course work, seminars.
  - h) Responsibilities of staff engineers as they relate to the preparation of Hydraulic Reports.

### **QUALITY ASSURANCE/QUALITY CONTROL**

Describe QA/QC procedures to be employed in the preparation of Hydraulic Reports. List whose responsibility it is to oversee QA/QC and to sign off on the report before it is submitted.

### **COMPUTER AND CADD EQUIPMENT**

List the computer software and CADD equipment your firm uses to prepare hydraulic reports. Indicate any specialized computer software packages your firm has used on IDOT projects.

Firm Name: \_\_\_\_\_

## QUESTIONNAIRE FOR ENVIRONMENTAL CONSULTANTS

Consultants may be prequalified to perform environmental studies in one or more of the following categories: Simple Environmental Assessment, Complex Environmental Assessment, or Environmental Impact Statement. Assignment to these categories requires meeting all necessary criteria in the following three areas:

1. **Firm Experience**
2. **Environmental Lead Experience**
3. **Environmental Staffing\***

In addition, firms must have Environmental Lead(s) and staff\* assigned for each environmental discipline who are qualified at the appropriate level of expertise. Failure to complete all parts of this Questionnaire will result in withholding prequalification for environmental studies.

### 1. Firm Experience.

- **To be prequalified at the Simple EA level**, a firm must have an Environmental Lead and staff\* who have had appropriate training in all of the environmental disciplines and techniques of environmental project management.
- **To be prequalified at the Complex EA level**, a firm must have completed a highway-related Environmental Assessment (EA) or a Draft Environmental Impact Statement (DEIS) within the last seven years.
- **To be prequalified at the EIS level**, a firm must have completed one or more highway-related Environmental Impact Statements (EIS's) or three or more highway-related Environmental Assessments (EA's), at least two of which were Complex EA's, in the last seven years.

Environmental Class of Action Documents (ECAD's) will be considered as either Simple or Complex EA's depending on the level of prequalification requested in the Professional Transportation Bulletin.

- a) **Environmental Assessments (EA's) Completed in the Past 7 Years.** A copy of the cover sheet approved for circulation or, preferably, the Finding of No Significant Impact (FONSI) for each EA must be included. These documents must be dated and signed by the appropriate federal agency. ECAD documents must include the dated signature page or written concurrence to proceed to a public hearing. No credit will be given for projects without this documentation. For each project, provide the name, including the exact route; the location, including county and state; the type of facility studied; the Environmental Lead and staff who performed the work; and a detailed description of the nature and extent of the environmental work completed. Identify any subconsultants that were used and the portion of the project for which they were responsible. IDOT projects must include the PTB and Item numbers. Non-IDOT projects must include the name and telephone number of a person in the contracting agency familiar with the project.
- b) **Draft Environmental Impact Statements (DEIS's) or Final Environmental Impact Statements (FEIS's) Completed in the Past 7 Years.** A copy of the signed and dated cover sheet as approved for circulation, the List of Preparers indicating firm and staff responsibilities, and the signed Record of Decision (ROD) must be included. No credit will be given for projects without this documentation. All project information requested in 1a) above must also be provided.

*\*Either in-house full-time employees of your firm or specific prequalified employees of a subconsultant firm. All subconsultants must be identified by firm and specific individual. See page 3 of this questionnaire or the "Description and Minimum Requirements for Prequalification" available on our website for more detailed information.*



## QUESTIONNAIRE FOR ENVIRONMENTAL CONSULTANTS (continued)

2. **Environmental Lead(s).** These individuals must be full-time employees of the firm; subconsultants or individuals on retainer are not eligible. These procedures emphasize the importance of the environmental lead in a firm's ability to successfully undertake and complete an environmental impact study. Consulting firms may submit prequalification credentials for up to three environmental leads. Accordingly, environmental leads may become prequalified at different project levels. Recommended criteria for Environmental Leads are listed below:

Education: B.S. or M.S. in Engineering (Environmental preferred), Environmental Sciences/Studies, or allied (natural/physical environmental resources) discipline.

Training Classes: NHI course #142005, "NEPA & Transportation Decision Making"  
NHI course #142028, "Managing the Environmental Process"  
(Certificates of Completion must be included in order to receive credit for these classes.)

Experience: Techniques of environmental impact assessment using FHWA guidelines.

Specific requirements for Environmental Leads at each level of prequalification are listed below:

- **Simple EA's:** The environmental lead must have supervised the preparation of a completed EA or EIS within the last seven years, have been an IDOT-approved Understudy<sup>1</sup> during the preparation of a completed EA or EIS, or have the education, training and experience listed above.
  - **Complex EA's:** The environmental lead must have supervised the preparation of two or more highway-related EA's or one or more highway-related EIS's; or supervised the preparation of one highway-related EA and been an IDOT-approved understudy for one highway-related EA or EIS; or been an IDOT-approved Understudy<sup>1</sup> for two or more highway-related EA's or one EA and one EIS within the last seven years.
  - **EIS's:** The environmental lead must have supervised the preparation of three or more highway-related EA's, two of which were complex EA's, or one or more highway-related EIS's within the last seven years.
- a) **Qualifications.** Provide a detailed resume including education, specific project experience, and certificates of completion of all training classes completed for each proposed environmental lead.<sup>2</sup>
- b) **Experience.** Include specific NEPA experience for each proposed environmental lead.
- 1) **With the firm.** From Part I above, list each project for which the proposed environmental lead(s) had overall supervisory responsibility for the day-to-day accomplishment of environmental impact identification, impact assessment, and report preparation and specifically describe his/her involvement. For all environmental lead projects not listed as Firm Experience in #1 above, the same information must be provided. For EIS's, the List of Preparers must be included. No credit will be given for projects without this documentation.

<sup>1</sup>See the "Description and Minimum Requirements for Prequalification" available on our website for more detailed information.

<sup>2</sup>Resumes must include all specified information. The "Personal History of Officials or Members of Firm" on page 6 of the SEFC is not acceptable for this purpose.

## QUESTIONNAIRE FOR ENVIRONMENTAL CONSULTANTS (continued)

- 2) **Outside the firm.** List each project completed by the proposed environmental lead(s) while employed by another firm during the past 7 years and specifically describe his/her involvement. The employing firm must be identified, and all project information requested in #1. **Firm Experience** above must be provided.
3. **Environmental Staffing.** List the names of up to three full-time employees on the staff of the firm (or on the staff of a subconsultant firm) for each of the following environmental disciplines:
- a) **Air Quality**
  - b) **Ecology (Biological Resources and/or Wetlands & Associated Aquatic Resources)**
  - c) **Noise**
  - d) **Socio-Economics**
  - e) **Water Quality**

(See next page for education, training and experience criteria.)

Also, list the names of up to three individuals who will be primarily in charge of the following:

- f) **Public Involvement**
- g) **Technical Writing**

All environmental disciplines must be assigned to qualified individuals with not more than three (3) of the five (5) listed environmental disciplines assigned to any one individual. Subconsultants must be identified by firm and individual, and all resumes must be included.

- **For Simple EA's:** Subconsultants are acceptable for all environmental disciplines.
- **For Complex EA's:** At least one environmental discipline must be assigned in-house to a qualified individual other than the environmental lead.
- **For EIS's:** At least three environmental disciplines must be assigned in-house to qualified individuals other than the environmental lead.

Resumes\* for each person must include their educational background, details of specific project experience and NEPA documents completed, and Certificates of Completion for all applicable training classes. Since a higher level of expertise and experience is required for prequalification at the Complex EA and EIS levels, the information provided must clearly demonstrate the individual's experience and capability to perform the assigned category of work.

\*Resumes must include all specified information. The "Personal History of Officials or Members of Firm" on page 6 of the SEFC is not acceptable for this purpose.

## QUESTIONNAIRE FOR ENVIRONMENTAL CONSULTANTS (continued)

Requirements for each discipline are listed below:

a) **Air Quality Analysis:**

Education: B.S. in Environmental Engineering, Traffic Engineering, Environmental Sciences/Studies, Atmospheric Sciences, Meteorology/Geography or an allied discipline.

Training Classes: Air pollution/Air dispersion computer modeling classes or courses—CALINE, CAL3QHC or MOBILE.\*

Experience should include carbon monoxide microscale analysis for highway projects.

b) **Ecological Analysis:**

i) **Biological Resources** (other than wetlands):

Education: B.S. in Biology, Botany, Zoology, Wildlife Biology, or allied discipline.

Experience should include skills in quantitative and qualitative ecological sampling techniques and interpretation of ecological data as it applies to species and their habitat.

ii) **Wetlands and Associated Aquatic Resources:**

Education: B.S. in Botany, Soil Science, or Plant Ecology.

Experience should include wetland delineations.

c) **Noise Measurement and Analysis:**

Education: B.S. in Engineering (i.e., Environmental, Civil), Environmental Sciences/Studies, Acoustics or allied discipline.

Training Classes: Highway Traffic Noise fundamentals course (i.e., NHI course #14207 “Fundamentals and Abatement of Highway Traffic Noise”); also STAMINA, TNM or INM computer modeling.\*

Experience should include prediction and/or measurement of noise levels, analysis and/or design of abatement measures or documentation of analysis results.

d) **Socio-Economic Analysis:**

Education: B.S. (B.A.) in Economics, Sociology, Geography or planning-related degree.

Experience should include assessment of group interactions, community studies, distribution analysis, regional economics (including demographics) or land use/urban planning. Provide details of all NEPA experience.

e) **Water Quality Analysis:**

Education: B.S. in Aquatic Biology, Botany, Biology, Limnology or allied discipline.

Experience should be from a natural resources perspective.

f) **Public Involvement** and

g) **Technical Writing** may be assigned to the environmental lead, members of the environmental staff, or other members of the firm.

\*Certificates of Completion for all training classes must be included before credit will be given

## RAILROAD ENGINEERING QUESTIONNAIRE

### STAFF EXPERIENCE\*

**Does your firm have:**

Select One

A licensed Illinois Professional Engineer?

**Yes**

☐

No

☐

A former employee of a Class I Railroad with railroad engineering experience?

**Yes**

☐

No

☐

A licensed Illinois Professional Engineer with railroad engineering experience?

Yes

☐

No

☐

A licensed Illinois Structural Engineer?

Yes

☐

No

☐

A former employee of a Class I Railroad with railroad structures experience?

**Yes**

☐

No

☐

A licensed Illinois Structural Engineer with railroad structures experience?

Yes

☐

No

☐

### FIRM EXPERIENCE\*

**Has your firm been directly responsible for:**

New Track Design?

**Yes**

☐

No

☐

    Compiled sealed plan, profile & cross sections?

Yes

☐

No

☐

New Track Construction Inspection/Management?

Yes

☐

No

☐

New Railroad Bridge Design?

**Yes**

☐

No

☐

    Compiled sealed plans?

Yes

☐

No

☐

New Railroad Bridge Construction Inspection/Management?

Yes

☐

No

☐

Track Rehabilitation?

**Yes**

☐

No

☐

Railroad Bridge Rehabilitation?

**Yes**

☐

No

☐

Signalization?

Yes

☐

No

☐

Projects on Passenger Lines?

Yes

☐

No

☐

High Speed Rail Projects?

Yes

☐

No

☐

\*Include all resumes and project descriptions with this questionnaire and assign them to the applicable questions. Minimum requirements are shown as a red bold underlined yes.

## QUESTIONNAIRE FOR MAPPING CONSULTANTS

The following certification signed by one of the three indicated professionals is required of Firms interested in performing photogrammetric work for the Department of Transportation:

I, \_\_\_\_\_, hereby certify that I am a Registered Professional Engineer of the State of Illinois, a Registered Professional Land Surveyor of the State of Illinois, or a Certified Photogrammetrist experienced in photogrammetric methods and procedures, and all work performed under my direction by the Firm of \_\_\_\_\_ - conforms to National Map Accuracy Standards to the best of my knowledge and belief.

Date \_\_\_\_\_ Signed \_\_\_\_\_

State of \_\_\_\_\_

State of \_\_\_\_\_

Amer. Soc. of Photogrammetry  
and Remote Sensing

Registered Professional Engineer \_\_\_\_\_

Registered Land Surveyor # \_\_\_\_\_

Certified Photogrammetrist # \_\_\_\_\_

If the above requirement is satisfied, attach a supplement including the following information:

1. Photographic Aircraft (number & type): \_\_\_\_\_
2. Aerial Photographers (number): \_\_\_\_\_
3. Photographic Pilots (number): \_\_\_\_\_
4. Aerial Cameras (number & type): \_\_\_\_\_
5. Photographic Laboratory Equipment: \_\_\_\_\_
6. Level Crews (number): \_\_\_\_\_
7. Total Stations (number & type): \_\_\_\_\_
8. Global Positioning Systems (number & type): \_\_\_\_\_
9. Analytical Aerial Triangulation Capability (Software): \_\_\_\_\_
10. Photogrammetric Plotting Instruments (number & type): \_\_\_\_\_  
Number of Operators: \_\_\_\_\_
11. Digital Imaging Workstations (Number, type & use): \_\_\_\_\_
12. Digital Mapping Software (CADD): \_\_\_\_\_
12. Film Scanner (type & configuration): \_\_\_\_\_
14. Digital Image File Formats used: \_\_\_\_\_
15. GPS flight capability: \_\_\_\_\_
16. GPS Inertial measurement system: \_\_\_\_\_

# QUESTIONNAIRE FOR GEOTECHNICAL ENGINEERING CONSULTANTS

1. **Firm Experience.** Provide names of relevant projects including brief descriptions noting the size and scope of the work involved. A sample of your work may be requested.
2. **Principal(s) in Charge.** The individual(s) who does the final review of the reports prior to submission to the Department. For each provide the following:
  - a) Name of individual
  - b) Educational background
  - c) Experience in geotechnical engineering
3. **Project Engineers.** The individual(s) who manage(s) the efforts of the staff for the proper culmination of the project. These individuals must be full-time employees of the firm. For each, provide the following:
  - a) Name of individual
  - b) Educational background
  - c) Experience in geotechnical engineering
4. **Field Supervisor(s).** The individual(s) who are assigned to inspect the drilling operations and the logging of the borings and make the necessary field engineering decisions. These individuals must be full-time employees of the firm. For each provide the following:
  - a) Name of individual
  - b) Educational background
  - c) Experience in geotechnical engineering
5. **Staff Engineers.** The individual(s) who perform geotechnical engineering analysis and prepares the reports. These individuals must be full-time employees of the firm. For each, provide the following:
  - a) Name of individual
  - b) Educational background
  - c) Experience in geotechnical engineering

## QUESTIONNAIRE FOR GEOTECHNICAL ENGINEERING CONSULTANTS (continued)

6. Does your firm have drilling and sampling capabilities? Yes ☐ No ☐
7. Does your firm subcontract drilling and sampling operations? Yes ☐ No ☐ If answer is yes, list drillers.
8. Does your firm have laboratory facilities? Yes ☐ No ☐ If answer is yes, describe.
9. Does your firm subcontract laboratory work: Yes ☐ No ☐ If answer is yes, list labs.
10. If the answer to 8 or 9 above is yes, provide a copy of your firm's or your subconsultant's most recent tour of the (main/satellite laboratory) AASHTO Materials Reference Laboratory (AMRL) inspection results for the following:

<u>TEST</u>	<u>AASHTO STANDARD</u>
Unconfined Compression	AASHTO T 208
Consolidation	AASHTO T 216
UU triaxial compression	AASHTO T 296
CU triaxial compression	AASHTO T 297

If the results indicated corrective action was required, provide evidence through purchase receipts of new equipment or other means, of any corrective action taken to bring the test(s) into compliance with the AASHTO Standard(s).

# QUESTIONNAIRE FOR HAZARDOUS WASTE CONSULTANTS

Information submitted in response to this questionnaire should be limited to 20 typewritten pages or less. To avoid duplication, firms may reference appropriate pages in other sections of the SEFC in answering the Questionnaire. Failure to respond completely to all parts of this Questionnaire will result in withholding prequalification for hazardous waste projects.

Consultants will be prequalified to perform hazardous waste projects based on firm experience, personnel experience, past performance and equipment and support services.

## 1. Office Location and Organization.

The consultant should list their office from which the majority of IDOT work will be done. That is, key administrative and technical staff proposed to work on any part of the contract must be stationed at this office location. Specialized expertise from outside offices utilized intermittently during the study, design or implementation of complex hazardous waste projects will be allowed.

An organizational chart showing the administrative/management of the office and a flow chart of key personnel {professional and technical which would most likely be involved in the project(s)} should be provided. Similarly, any subconsultant's location/organization should be detailed in this section.

## 2. Firm Experience.

- a) **Hazardous Waste Site Investigations.** Provide the name of each project and a brief description including the type of project (governmental/private), location, name of client, contact person from client's office with telephone number, year started, year completed, nature of work performed [e.g., Risk Assessment (RA), Remedial Design (RD), Remedial Construction (RC), Engineering Evaluation (EE), Cost Analysis (CA), Remedial Construction Oversight (RCO), Leaking Underground Storage Tanks (LUST's)] and the status/outcome of project.

The firm needs to have **completed** at least ten **(10)** Hazardous Waste Site Investigations of which shall include at least one (1) RI/FS, one (1) RCO, one (1) RD, one (1) RA, and three (3) LUSTs (using 35 Illinois Administrative Code (IAC) 742 Tier 2 analysis or equivalent) (All **completed** within the last 7 years). Branch or headquarters offices involved in these projects should be identified. If subconsultants were used, state the part(s) of each project for which they were responsible.



## QUESTIONNAIRE FOR HAZARDOUS WASTE CONSULTANTS (continued)

### 3. Personnel Experience.

- a) **Qualifications.** Provide a brief description of the qualifications (including education) of the proposed Administrative/Managerial staff. Three (3) or more of this proposed staff should each have five (5) or more years of **direct** management experience in CERCLA/SARA RI/FS's, EE/CA, or RFI's, RD's, RCO's, and LUST's. Technical/Professional staff, which includes field and risk assessment staff, requires four (4) or more persons that each have five (5) or more years **direct** experience in CERCLA/SARA RI/FS's, EE/CA, or RFI's and LUST's. Also, for the Technical/Professional staff, three (3) or more of the staff should each have four (4) or more years experience in CERCLA/SARA, RD's, and RCO's. Further, four (4) or more persons are required that each have three (3) or more years of experience in sampling/measuring activities at RCRA hazardous or non-hazardous special waste sites. Minimum staff level is to be the sum of all those listed above, no duplication.
- b) **Experience.** Project and personnel relationships can sometimes be best illustrated with the use of a matrix.
- 1) **With the firm.** From Part 2 above, list each project in which the proposed personnel had Administrative/Managerial or Technical/Professional responsibilities. Please describe this involvement.
  - 2) **Outside the firm.** List each project in which the proposed personnel had Administrative/Managerial or Technical/Professional responsibilities and describe the responsibilities and the project by type, location, name of client contact with telephone number, year started and year completed, nature of work, and status/outcome of project.

### 4. Equipment/Support Services.

Consultants should outline common or specialty equipment owned and maintained in-house or readily available through contractual arrangements. In-house capabilities or stable working relationships with physical or chemical testing laboratories and drilling companies should be described in detail. Also include certifications for the in-house or contract laboratory, drilling services, or geophysical services to be used. Consultants must provide certification that the in-house or contract laboratory facilities are accredited by the IEPA under 35 IAC 186. Equipment utilized in the performance of hazardous or non-hazardous special waste operations, [e.g. health and safety equipment, personal protection equipment for RI/FS's OR RCO's (minimum of D, C, and B levels), sampling equipment, field analytical equipment, construction equipment, and vehicles] should be listed in tabular form. The physical, chemical, and geophysical measuring (minimum of ownership or experience with a magnetometer) and sampling equipment to be used for RI/FS's OR RCO's, AND LUST's should also be described. The details of equipment and services leased or otherwise available should similarly be fully explained..

# RCRA HAZARDOUS AND NON-RCRA SPECIAL WASTE CONSULTANT REQUIREMENTS CHECKLIST

1. **Minimum Firm Experience.** The firm needs to supply a contact name and telephone number for each of those projects they wish to submit for review. The firm needs only to submit the minimum information but should be certain the data is current.

- a) \_\_\_\_\_ 10 or more CERCLA/SARA RI/FS's, EE/CA, RFI's, or LUSTs. All **completed** within the last 7 years.  
Of the ten (10) projects submitted the following must be included:

\_\_\_\_\_ One (1) RI/FS  
\_\_\_\_\_ One (1) RCO  
\_\_\_\_\_ One (1) RD  
\_\_\_\_\_ One (1) RA  
\_\_\_\_\_ Three (3) LUSTs

2. **Minimum Staff Requirements (At Least One IL. PE).** The firm needs to supply names, qualifications and years of experience for all staff levels. The minimum staffing level is to be the sum of all those listed, no duplications. In addition, the firm needs to supply an organizational chart for the group to be used for IDOT contract(s).

- a) Administrative/Managerial Staff (Supervision).

\_\_\_\_\_ 3 or more persons, each with 5 or more years direct management experience in CERCLA/SARA RI/FS's, EE/CA, or RFI's, RD's, RCO's, and LUST's.

- b) Technical/Professional Staff (Technical direction and Management).

- 1) \_\_\_\_\_ 4 or more persons, each with 5 or more years direct experience in CERCLA/SARA RI/FS's, EE/CA, or RFI's, RD's, RCO's and LUST's.
- 2) \_\_\_\_\_ 3 or more persons, each with 4 or more years direct experience in CERCLA/SARA RD's, and RCO's.
- 3) \_\_\_\_\_ 4 or more persons, each with 3 or more years experience in sampling/measurement activities at hazardous/special waste sites.

## RCRA HAZARDOUS AND NON-RCRA SPECIAL WASTE CONSULTANT REQUIREMENT CHECKLIST (continued)

3. **Minimum Equipment/Support Services.** The firm needs to list all of these items with the name(s) of certified laboratories and drilling contractors, and geophysical firms that will be used for IDOT contract(s).
- a) \_\_\_\_\_ Personal protection equipment (levels D, C, and B) for RI/FS's or RCO's.
  - b) \_\_\_\_\_ Physical/chemical/geophysical measuring and sampling equipment for RI/FS's or RCO's.
  - c) \_\_\_\_\_ In-house or contract laboratory (accredited by IEPA under 35 IAC 186) for sample analysis
  - d) \_\_\_\_\_ In-house or contract drilling or geophysical.

# QUESTIONNAIRE FOR ASBESTOS ABATEMENT SURVEY CONSULTANTS

Information submitted in response to this questionnaire should be limited to 20 typewritten pages or less. Resumes do not count toward the page limit. To avoid duplication, firms may reference appropriate pages in other sections of the SEFC in responding to the questionnaire. Failure to respond completely to all parts of the Questionnaire may result in withholding of prequalification for asbestos abatement surveys.

Consultants will be prequalified to perform asbestos abatement surveys based on firm experience, personnel experience, past performance and equipment and support services.

## **1. Office Location and Organization.**

The Consultant should list their office from which the majority of IDOT work will be done. That is, key administrative and technical staff proposed to work on any part of the contract must be stationed at this office location. An organizational chart showing the administrative/management of the office and a flow chart of key personnel {professional and technical which would most likely be involved in the project(s)} should be provided. Similarly, and subconsultant's location/organization should be detailed in this Section.

## **2. Firm Experience.**

Asbestos Abatement Surveys. Provide the name of each project and a brief description including the type of project (governmental/private), location, name of client, contact person from client's office with telephone number, year started, year completed, nature of work performed and the status/outcome of project. Branch or headquarters offices involved in these projects should be identified. If subconsultants were used, state the part(s) of each project for which they were responsible.

## QUESTIONNAIRE FOR ASBESTOS ABATEMENT SURVEY CONSULTANTS (continued)

### 3. Personnel Experience.

- a) **Qualifications.** Provide a brief description of the qualifications (including education) of the proposed Administrative/Managerial and Technical/Professional staff.
- b) **Experience.**
  - 1) Within the firm. From Part 2 above, list each project in which the proposed personnel had Administrative/Managerial or Technical/Professional responsibilities. Please describe this involvement.
  - 2) Outside the firm. List each project in which the proposed personnel had Administrative/Managerial or Technical/Professional responsibilities and describe the responsibilities and the project by type, location, name of client, client contact with telephone number, year started and year completed, nature of work, and status/outcome of project.

### 4. Equipment/Support Services.

In-house capabilities or stable working relationships with asbestos testing laboratories should be described in detail.

# QUESTIONNAIRE FOR CONSTRUCTION INSPECTION CONSULTANTS

Please provide information in the following format.

- 1) **Firm Experience.** Provide the names of relevant projects including the owner, location, scope, construction cost and construction inspection services provided. ( Note: Construction Observation is not considered to be the equivalent of Construction Inspection).
- 2) **Resident Engineers.**
  - a) Name(s) of individuals on staff who have experience as resident engineers (or equivalent) working with IDOT specifications and have a working knowledge of IDOT specifications, methods and procedures.
  - b) Educational background.
  - c) Experience as a resident engineer.
- 3) **Technician Inspectors.**
  - a) Name (s) of individuals on staff who have a working knowledge and experience as technician inspectors working with IDOT specifications, methods and procedures.
  - b) Educational background.
  - c) Experience as a technician inspector.
- 4) **Materials Technician.**
  - a) Name(s) of individuals on staff who have a working knowledge and experience in the area of Hot Mixed Asphalt (HMA) and Portland Cement Concrete (PCC) proportioning and testing.
  - b) Educational background, including IDOT QC/QA and Specific Task Training Program (STTP) classes. Required QC/QA classes include HMA Level II, PCC Level II and their prerequisites. Required STTP class is S-33, Geotechnical Testing and Field Inspection, formerly known as "Standard Earth Density."
  - c) Hot Mixed Asphalt and Portland Cement Concrete proportioning and testing experience.

## **QUESTIONNAIRE FOR CONSTRUCTION INSPECTION CONSULTANTS (continued)**

**5) Survey Party Chief.**

- a) Name(s) of individuals on staff who have a working knowledge and experience in the area of construction surveying.
- b) Educational background.
- c) Surveying experience.

**6) Documentation Personnel.**

- a) Name(s) of person(s) performing documentation.
- b) Documentation Certificate Number(s) for IDOT class S-14, Documentation of Contract Quantities.

**7) Field Testing Equipment.** Document ownership of field testing equipment, including soil density; PCC air, slump, making strength specimens, sampling, and temperature; HMA density and temperature.

## QUESTIONNAIRE FOR QUALITY ASSURANCE TESTING CONSULTANTS

1. **Firm Experience.** Describe projects that illustrate the firm's materials management and testing capability. Include specific quality assurance responsibilities and testing performed.
2. **Project Manager.** Identify the individual(s) who will be responsible for supervising the project, field testing, and laboratory testing. Provide educational background, including IDOT QC/QA classes; documentation of Illinois licensing as a Professional Engineer; and experience in contract administration and materials testing.
3. **Quality Assurance Technicians.** Include resumes for the senior technicians who will perform field and laboratory testing. Provide resumes for the minimum number of technicians who have successfully completed the following IDOT classes:
  - a) QC/QA – PCC Testing, Level I and II (Minimum 2 technicians)
  - b) QC/QA – HMA Testing, Level I and II (Minimum 2 technicians)
  - c) QC/QA – HMA Level III class, including Superpave upgrade
  - d) Specific Task – Construction Documentation (Minimum 1 technician)
  - e) Specific Task – Geotechnical Testing and Field Inspection (formerly known as Standard Earth Density) (Minimum 1 technician)

The resumes should include:

- a) Location of office to which individual is assigned (if consultant has more than one office location)
  - b) Experience in materials testing and mix design
  - c) Educational background
  - d) Date(s) of completion of IDOT QC/QA, Soils Density, and Construction Documentation classes (see table on page 2 of 2)
4. **HMA Reporting.** Confirm that your firm is capable of generating reports on the Department's HMA mix design and plant reporting software (CARE-AC).
5. **Field Testing Equipment.** Document ownership of field testing equipment, including soil density; PCC air, slump, making strength specimens, sampling, and temperature; and HMA field density, temperature, and compaction monitoring.
6. **Laboratory.** Laboratory must be accredited under the AASHTO Accreditation Program (AAP) and enrolled in required proficiency sample programs. The required tests are included in the Bureau of Materials and Physical Research Policy Memorandum, "Minimum Private Laboratory Requirements for Construction Materials Testing or Mix Design," which is available at the following web site: <http://www.dot.state.il.us/materials/index2.html>. Provide most recent proficiency sample results. The Department will verify accreditation of required test methods through the AAP web site.



# QUESTIONNAIRE FOR QUALITY ASSURANCE TESTING CONSULTANTS

## Quality Assurance Technicians (Dates of Completion for Courses)

Name	PCC Level I	PCC Level II	HMA Level I	HMA Level II	HMA Level III	Superpave Upgrade	Construction Document.	Geo. Testing and Field Insp.*
Jane Example	1/14/98	3/26/98	1/23/98	10/11/98	3/07/99	2/14/01	4/18/99	2/19/00

\*formerly known as "Standard Earth Density"

## QUESTIONNAIRE FOR BITUMINOUS MIX DESIGN CONSULTANTS

1. **Firm Experience.** Describe projects that illustrate the firm's mix design experience and capability. A sample of past mix designs and/or verifications may be requested.
2. **Project Manager.** Identify the individual(s) who will be responsible for supervising and coordinating the project. Provide:
  - a) Educational background, including QC/QA classes
  - b) Documentation of Illinois licensing as a Professional Engineer
  - c) Experience in contract administration and materials management
3. **Project Mix Designer.** (May be the Project Manager) – Identify the individual who will be the principal mix designer. Provide:
  - a) Educational background
  - b) Documentation of completion of the Department's QC/QA Level III HMA Mix Design class, including Superpave mix design upgrade, if applicable
  - c) Experience in Superpave mix design
4. **Laboratory Technicians (Minimum 2 positions).** The individuals who will assist the Project Mix Designer in developing bituminous mix designs. Provide for each:
  - a) Educational background
  - b) Dates of completion of HMA QC/QA classes
  - c) Experience in Superpave mix design
5. **Laboratory.** The consultant must have an IDOT-approved laboratory that conforms to the requirements of the current Bureau of Materials and Physical Research Policy Memorandum, "Minimum Private Laboratory Requirements for Construction Material Testing or Mix Design," which is available at the following web site: <http://www.dot.state.il.us/materials/index2.html>. The lab shall be approved by IDOT for all tests indicated under "HMA Design." Provide dates for most recent inspection and most recent approval letter.
6. **AMRL (Optional).** If the lab participates in an AASHTO Materials Reference Lab program (inspection, accreditation, or proficiency samples), provide copies of the most recent proficiency sample results.

## QUESTIONNAIRE FOR SUBSURFACE UTILITY ENGINEERING

1. **Firm Experience.** Provide names of relevant projects including brief descriptions of the work involved. List specific services performed.
2. **Principal in Charge.** The individual who will be responsible for all aspects of the work.  
Provide:
  - a) Name of individual
  - b) Educational background
  - b) Experience in contract administration and utility investigation
3. **Project Engineer.** The individual(s) who will be responsible for supervising the project management and field investigation. For each, provide:
  - a) Name of individual
  - b) Educational background
  - c) Proof of Illinois licensing as a Professional Engineer
  - d) Experience in utility investigation
4. **Technical.** The individual(s) who will perform the utility investigation.  
For each, provide
  - a) Name of individual
  - b) Educational background
  - c) Knowledge and experience of equipment and techniques for performing Subsurface utility investigation.
5. **Equipment.** Consultants should outline common or specialty equipment owned and maintained in-house or readily available through contractual arrangements.